



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

November 21, 1997

REPLY TO THE ATTENTION OF

ORTEK INCORPORATED  
ATTN: FRANK LAPPIN  
7601 W 47TH ST  
MCCOOK, IL 60525-1508

RECEIVED

NOV 26 1997

RCRA RECORDS ROOM  
Waste, Pesticides & Toxics Division  
U. S. EPA - REGION 5

RE: US EPA ID Number ILD 000 646 786  
Location: 7601 W 47TH ST  
MCCOOK, IL 60525-1508

In response to your correspondence of 07/09/97, the following  
information has been updated:

NAME OF INSTALLATION: ORTEK INCORPORATED

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

cc: State Agency  
File

PA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

RECEIVED  
WMD RECORD CENTER  
FEB 21 1996

REPLY TO THE ATTENTION OF:

February 13, 1996

ENVIRO PUR  
ATTN FRANK LAPPIN  
7601 W 47TH ST  
MCCOOK IL 60525

RE: US EPA ID Number ILD 000 646 786  
Location: 7601 W 47TH ST  
MCCOOK IL 60525

In response to your correspondence of 1 9 96, the following  
information has been updated:

NAME OF INSTALLATION

ENVIROPUR

If you have any questions, please call me at (312) 886-6173.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Kiddon".

Sharon Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

cc: State Agency  
File



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF.  
5HW-13

SEP 10 1984  
John P. O'Connell  
Motor Oils Refining Company  
7601 West 47th Street  
McCook, Illinois 60525

RE: Request for Information--Hazardous  
Waste Permit Review (Waste Oil)  
FACILITY NAME: Dunavan Oil Service  
U.S. EPA ID NO.: ILD980794929

Dear Mr. O'Connell:

This is to acknowledge receipt of your letter of May 18, 1984, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request did not contain sufficient information to enable this office to concur with your determination. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265, Subpart G (enclosed).

The wastes listed on your application, as "waste oils", are not listed hazardous wastes in 40 CFR Part 261 Subpart D. However, waste oils which exhibit any of the characteristics (i.e., ignitability, corrosivity, reactivity or Extraction Procedure Toxicity) as defined in 40 CFR 261 Subpart C, remain subject to regulation under RCRA.

Please reexamine your wastes pursuant to 40 CFR Part 262.11 (enclosed), and submit a revised Part A application to this Office within 60 days, if your waste is hazardous and regulated. If you find that your waste is not regulated, please withdraw your permit application. Your written withdrawal request, with a detailed explanation, must be signed and certified by an authorized person, in accordance with 40 CFR Part 270.11 (enclosed). Withdrawal of the permit application will eliminate further mandated permit processing procedures. If no response is received in this office within 30 days, we will assume that your waste is regulated and that your facility is subject to the interim status standards, including the financial responsibility and Part B permit requirements.

Please contact the Regulatory Analysis and Information Unit at (312) 886-6148, for additional information and copies of blank Part A applications. Please refer to "Request for Information--Waste Oil," in all correspondence on this matter.

Sincerely yours.

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosures



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

APR 20 1982

Mr. James Salmon  
Environmental Coordinator  
Motor Oils Refining Company  
7601 West 47th Street  
McCook, Illinois 60525

RE: Interim Status Acknowledgement      USEPA ID No. ILD000646786  
FACILITY NAME: Motor Oils Refining Company

Dear Mr. Salmon:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: Kenneth L. Fredette, Vice President, Financial  
John P. Connell

*use  
4/14/82*



## FACILITY NAME

MOTOR OILS REFINING COMPANY

## EPA ID NUMBER

ILD000646786

## FACILITY OPERATOR

MORECO ENERGY INCORP

## FACILITY OWNER

MORECO ENERGY INCORP

## FACILITY LOCATION

7601 W 47TH STREET  
MC COOK

IL 60525

## PROCESS CODE

S02

## DESIGN CAPACITY

2500000.00000

## UNIT OF MEASURE

G

## \*\*\*\*\*KEY\*\*\*\*\*

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE	CODE
STORAGE:				
CONTAINER	S01	G OR L	* GALLONS	G
TANK	S02	G OR L	* LITERS	L
WASTE PILE	S03	Y OR C	* CUBIC YARDS	Y
SURFACE IMPOUNDMENT	S04	G OR L	* CUBIC METERS	C
DISPOSAL:			* GALLONS PER DAY	U
			* LITERS PER DAY	V
			* TONS PER HOUR	D
			* METRIC TONS\HOUR	W
INJECTION WELL	D79	G, L, U, OR V	* GALLONS\HOUR	E
LANDFILL	D80	A OR F	* LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	* ACRE-Feet	A
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES	B
TREATMENT:			* HECTARES	Q
			* POUNDS\HOUR	J
TANK	T01	U OR V	* KILOGRAMS\HOUR	R
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY	N
INCINERATOR	T03	D, W, E, OR H	* METRIC TONS\DAY	S
OTHER	T04	J, R, N, S, U, V	*	



# CHANGE OF OWNER/OPERATOR

Case print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99  
GSA No. 0246-EPA-OT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



## Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)  
JUL 30 1997

PROGRAM MANAGEMENT BRANCH

### I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification ☒ B. Subsequent Notification (Complete Item C)

### C. Installation's EPA ID Number

I L D 0 0 0 6 4 6 7 8 6

### II. Name of Installation (Include company and specific site name)

O R T E K I N C O R P O R A T E D

### III. Location of Installation (Physical address not P.O. Box or Route Number)

#### Street

7 6 0 1 W E S T 4 7 t h S T R E E T

#### Street (Continued)

#### City or Town

M C C O O K

#### State

#### Zip Code

I L

6 0 5 2 5 - 1 5 0 8

#### County Code

#### County Name

0 3 1

C O O K

### IV. Installation Mailing Address (See Instructions)

#### Street or P.O. Box

S A M E

#### City or Town

#### State

#### Zip Code

### V. Installation Contact (Person to be contacted regarding waste activities at site)

#### Name (Last)

#### (First)

L A P P I N

F R A N K

#### Job Title

#### Phone Number (Area Code and Number)

P L A N T M A N A G E R

7 0 8 - 4 4 2 - 6 9 9 2

### VI. Installation Contact Address (See Instructions)

#### A. Contact Address Location Mailing

#### B. Street or P.O. Box

XX

#### City or Town

#### State

#### Zip Code

### VII. Ownership (See Instructions)

#### A. Name of Installation's Legal Owner

O R T E K I N C O R P O R A T E D

#### Street, P.O. Box, or Route Number

S A M E

#### City or Town

#### State

#### Zip Code

#### Phone Number (Area Code and Number)

#### B. Land Type

#### C. Owner Type

#### D. Change of Owner Indicator

#### (Date Changed)

P

P

Yes

X

No

#### Month

#### Day

#### Year

1 2

2 0

9 6

031 174 0002

RCRA ENTRY NOV 10 1997

RECEIVED

NOV 26 1997

RCRA RECORDS ROOM  
Pesticides & Toxics Division  
U.S. EPA - REGION 5



## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

NON-HANDLER

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☒ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☒ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- a. Transporter
- b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☒ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Frank Lappin

Name and Official Title (Type or print)

Frank Lappin - Plant Manager

Date Signed

July 9, 1997

## XI. Comments

OFF-SPECIFICATION

RECEIVED

NOV 26 1997

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA RECORDS ROOM  
Pesticides & Toxics Division  
U.S. EPA - REGION 5



Form Approved. OMB No. 2050-0028. Expires 9-30-88.  
GSA No. 0246-FPA-01

GSA No. 0246-EPA-07



**Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).**

## Comments

[illegible]

Installation's EPA ID Number										Approved		Date Received (yr. mo. day)	
C								T/A	C				
F									1				

M	O	T	O	R		O	I	L	S		R	E	F	I	N	I	N	G		C	O	M	P	A	N	Y
---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---

## Street or P.O. Box

[illegible]

City or Town															State	ZIP Code					
C															I	L	6	0	5	2	5

## Street or Route Number

[illegible]

City or Town															State		ZIP Code					
C	6	M	C	C	O	O	K									I	L	6	0	5	2	5

## Name and Title (last, first, and job title)

C	L	a	p	p	i	n	F	r	a	n	k	M	G	R						3	1	2	4	4	2	6	1	6	8
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	---	---	---	---	---	---	---	---	---	---

## A. Name of Installation's Legal Owner

NAME	MORE ENERGY INC	P (Corporation)
------	-----------------	-----------------

### A. Hazardous Waste Activity

☐ 1a. Generator ☐ 1b. Less than 1,000 kg./mo.

☒ 2. Transporter

☒ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☒ 5. Market or Burn Hazardous Waste Fuel  
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☒ b. Other Marketer

☒ c. Burner

### B. Used Oil Fuel Activities

6. Off-Specification Used Oil Fuel  
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☒ b. Other Marketer

☒ c. Burner

7. Specification Used Oil Fuel Marketer  
(Or On-Site Burner) Who First Claims  
the Oil Meets the Specification.

☐ A. Utility Boiler

☐ A. Utility Boiler      ☒ B. Industrial Boiler      ☒ C. Industrial Furnace☐ A. Air ☒ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify) \_\_\_\_\_IX. First or Subsequent Notification

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)



ID — For Official Use Only											
C											
W											
											T/A C
											1

**IX. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

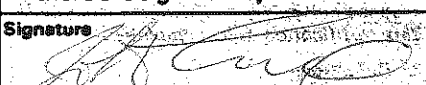
**E. Characteristics of Nonlisted Hazardous Wastes.** Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

**Rebuttable Assumption of 1000 ppm Halogens**

☐ 1. Ignitable (D001)     
 ☐ 2. Corrosive (D002)     
 ☐ 3. Reactive (D003)     
 ☐ 4. Toxic (D000)

**X. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature 	Name and Official Title (type or print) John P. O'Connell, Pres.	Date Signed 1/27/86
--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------	------------------------

EPA Form 8700-12 (Rev. 11-85) Reverse

BILLING CODE 6560-50-C

NOT SURE IF THIS WILL BE REQUIRED  
SEE ATTACHED LETTER





PLEASE PLACE LABEL IN THIS SPACE

000213 AUG 12 80

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

DATE RECEIVED  
(yr., mo., & day)

S	1	L	D	0	0	0	6	4	6	7	8	6	T/A	C	A	8	0	0	8	1	
F													2	1							
1	2											13	14	15	16	17				22	

## MOTOR OILS REFINING COMPANY

## STREET OR P.O. BOX

[illegible]

										CITY OR TOWN										ST.		ZIP CODE				
C																				I	L	6	0	5	2	5
4	M	C																								

## STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN																ST.		ZIP CODE				
C																I	L	6	0	5	2	5

## NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

[illegible]

## A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

M

## IX. A. GENERATION

**B. TRANSPORTATION** (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION☐ A. AIR☐ R. RAIL

Y C. HIGHWAY

☐ P. WATER

☐ E. OTHER (specify):

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

C. INSTALLATION'S EPA I.D. NO.

1	L	D	0	0	0	6	4	6	7	8	6
---	---	---	---	---	---	---	---	---	---	---	---

Please go to the reverse of this form and provide the requested information.



9	W	1	4	0	0	0	6	4	6	7	8	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 4 8	K 0 4 9	K 0 5 0	K 0 5 1	K 0 5 2	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

KENNETH L. FREDETTE  
PLANT ADMINISTRATOR

DATE SIGNED

8/5/80

EPA Form 8700-12 (6-80) REVERSE

AUG 11 1980



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD000646786

REACKNOWLEDGEMENT

MOTOR OILS REFINING COMPANY  
7601 W 47TH STREET  
MC COOK

IL 60525

INSTALLATION ADDRESS

7601 W 47TH STREET  
MC COOK

IL 60525



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Refinery
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☒ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)


1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (type or print) Lowell Aughenbaugh/Manager	Date Signed 9-10-93
--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------

## XI. Comments

Enviropur (Formerly Moreco) is a re-refiner of used motor & other lubricating oils (non-Hazardous) through distillation processes.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



PA

New Owner

RECEIVED  
WMD RCRA  
RECORD CENTER  
NOV 10 1993

031174 0002

Form Approved: OMB No. 2050-0028, Expires 9-30-92

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED  
Date Received  
(For Official Use Only)  
SEP 15 1993  
OCT 05 1993  
OFFICE OF RCRA  
WASTE MANAGEMENT

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number
		I L D 0 0 0 6 4 6 7 8 6

## II. Name of Installation (Include company and specific site name)

E N V I R O P U R F O R M E R L Y M O R E C O

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street  
7 6 0 1 W E S T 4 7 t h S T R E E T

Street (continued)

City or Town	State	ZIP Code
M C C O O K	I L	6 0 5 2 5 -

County Code	County Name
	C O O K

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box  
S A M E

City or Town	State	ZIP Code
		-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)	(first)
L A P P I N	F R A N K
Job Title	Phone Number (area code and number)
P L A N T M A N A G E R	7 0 8 - 4 4 2 - 6 0 0 0

## VI. Installation Contact Address (See instructions)

A. Contact Address Location	B. Street or P.O. Box
<input checked="" type="checkbox"/> Location <input type="checkbox"/> Mailing	
City or Town	State ZIP Code
	-

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner		
E N V I R O P U R I N C		
Street, P.O. Box, or Route Number		
S A M E		
City or Town	State	ZIP Code
		-

Phone Number (area code and number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
- - - - -	P	O	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

NOV 02 1993





# ENVIROPUR

WASTE REFINING AND TECHNOLOGY, INC.  
FORMERLY MOTOR OIL REFINING CO.

West 47th Street  
McCook, Illinois 60525  
(708) 442-6000 ■ Fax (708) 442-6027

September 13, 1993

**RECEIVED**  
SEP 15 1993

EPA Region V  
RCRA Activities  
230 South Dearborn  
Chicago, Illinois 60604

**OFFICE OF RCRA**  
WASTE MANAGEMENT DIV.  
EPA REGION V

REFERENCE: Form 8700-12; Notification of Waste Activity

TO WHOM IT MAY CONCERN:

Enviropur Waste Refining and Technology, Inc (ENVIROPUR) formerly Motor Oils Refining (MORECO) has been asked by the Illinois Environmental Protection Agency (IEPA) to re-submit form 8700-12 concerning waste activity.

Therefore, form 8700-12 is enclosed which accurately reflects ENVIROPUR's current waste activity. Should you have any questions regarding this form, or concerning our facility, please feel free to contact me at (708) 442-6000 (x-1211).

Sincerely,

Lowell D. Aughenbaugh  
Sr. Environmental Manager  
ENVIROPUR, INC.

cc: Anna Van Orden, IEPA  
Frank J. Lappin, ENVIROPUR

LDA:lda

Enclosures:  
USEPA Form 8700-12 (Notification of Waste Activity)



TSD OK

# 82

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. expires 6-31-93  
GSA No. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

JAN 9 - 1996

20 1 1005

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

I L D 0 0 0 6 4 6 7 8 6

## II. Name of installation (Include company and specific site name)

E N V I R O P U R

## III. Location of installation (Physical address not P.O. Box or Route Number)

Street

7 6 0 1 W E S T 4 7 t h S T R E E T

Street (continued)

City or Town

M c C O O K

State

ZIP Code

I L

6 0 5 2 5 -

County Code

County Name

0 3 1

C O O K

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

L A P P I N

F R A N K

Job Title

Phone Number (area code and number)

P L A N T M A N A G E R

7 0 8 - 4 4 2 - 6 0 0 0

## VI. Installation Contact Address (See instructions)

A. Contact Address

B. Street or P.O. Box

Location

Mailing

XX

City or Town

State

ZIP Code

## VII. Ownership (See instructions)

A. Name of installation's Legal Owner

E N V I R O P U R I N C .

Street, P.O. Box, or Route Number

S A M E

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

P

O

Yes

No

XX

RCRIS ENTRY FEB 02 1996



VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)																																															
<p style="text-align: center;"><b>A. Hazardous Waste Activity</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> 3. Treater, Slurrier, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Refractor</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p> </div> </div>	<p style="text-align: center;"><b>B. Used Oil Fuel Activities</b></p> <p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input checked="" type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>																																														
<p style="text-align: center;"><b>IX. Description of Regulated Wastes (Use additional sheets if necessary)</b></p> <p><b>A. Characteristics of Nonlisted Hazardous Wastes.</b> Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">1. Ignitable (D001)</td> <td style="width: 12.5%;">2. Corrosive (D002)</td> <td style="width: 12.5%;">3. Reactive (D003)</td> <td style="width: 12.5%;">4. Toxicity Characteristic (D000)</td> <td style="width: 50%;">(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table> <p><b>B. Listed Hazardous Wastes.</b> (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">1</td> <td style="width: 16.6%;">2</td> <td style="width: 16.6%;">3</td> <td style="width: 16.6%;">4</td> <td style="width: 16.6%;">5</td> <td style="width: 16.6%;">6</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><b>C. Other Wastes.</b> (State or other wastes requiring a handler to have an I.D. number. See instructions.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">1</td> <td style="width: 16.6%;">2</td> <td style="width: 16.6%;">3</td> <td style="width: 16.6%;">4</td> <td style="width: 16.6%;">5</td> <td style="width: 16.6%;">6</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	2	3	4	5	6							7	8	9	10	11	12							1	2	3	4	5	6						
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																												
1	2	3	4	5	6																																										
7	8	9	10	11	12																																										
1	2	3	4	5	6																																										
<p><b>X. Certification</b></p> <p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Signature _____</td> <td style="width: 33%;">Name and Official Title (type or print) Env.   Lowell Aughenbaugh/Affairs</td> <td style="width: 33%;">Date Signed   Nov. 17, 95   11-17-95</td> </tr> </table> <p><b>XI. Comments</b></p> <p>Enviropur is a "used oil" non-hazardous, re-refining facility/ operation, and incidentally markets Specification used oil fuel.</p> <p><small>Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)</small></p>		Signature _____	Name and Official Title (type or print) Env. Lowell Aughenbaugh/Affairs	Date Signed Nov. 17, 95 11-17-95																																											
Signature _____	Name and Official Title (type or print) Env. Lowell Aughenbaugh/Affairs	Date Signed Nov. 17, 95 11-17-95																																													



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**

**REGION 5**

**230 SOUTH DEARBORN ST.**

**CHICAGO, ILLINOIS 60604**

REPLY TO THE ATTENTION OF:

**5HE-12**

**APR 17 1987**

Mr. Brian McEwan  
Motor Oils Refining Co., Moreco Energy Inc.  
7601 W. 47th Street  
McCook, IL 60525

EPA ID Number: ILD-000-646-786

Re: Requirements for Generators,  
Marketers and Burners of  
Hazardous Waste and Used  
Oil Fuels

Dear Mr. McEwan:

This letter acknowledges that the United States Environmental Protection Agency (U.S. EPA) has received your Notification of Hazardous Waste Activity as required by the new Waste-As-Fuel regulations. These regulations were published in the November 29, 1985, Federal Register and apply to persons who generate, market, transport, or burn hazardous waste fuel or used oil fuel.

The following information highlights the administrative requirements for persons subject to the current Waste-As-Fuel regulations promulgated on November 29, 1985, in 40 CFR (Code of Federal Regulations) Part 266, Subparts D and E.

**GENERATORS**

Persons Generating Hazardous Waste Fuel. Generators that send their hazardous waste to a hazardous waste fuel marketer are subject to the 40 CFR Part 262 generator standards [see 40 CFR 266.32(a)]. Generators that market their hazardous waste fuel directly to burners are subject to both the 40 CFR Part 262 standards and the hazardous waste fuel marketer requirements [see 40 CFR 266.32(b)]. Generators that are burners are also subject to 40 CFR 266.35.

Persons Generating Used Oil Fuel. Used oil generators are exempt from the current Waste-As-Fuel regulations unless they: (1) market off-specification used oil fuel directly to a burner, or (2) burn off-specification used oil for energy recovery. Generators marketing directly to a burner are subject to 40 CFR 266.43. Generators burning off-specification used oil fuel are subject to 40 CFR 266.44.

### MARKETERS

Persons Marketing Hazardous Waste Fuel. Persons who market hazardous waste fuel include the following: (1) generators marketing hazardous waste fuel directly to a burner, (2) persons who receive hazardous waste from generators and produce, process, or blend hazardous waste fuel, and (3) persons who distribute but do not process or blend hazardous waste fuel. Hazardous waste fuel marketers are required to have notified U.S. EPA of their hazardous waste fuel activities, have a U.S. EPA Identification Number, and market only to persons who have notified U.S. EPA and who burn the fuel only in industrial furnaces, industrial boilers, or utility boilers. These marketers are also required to comply with manifest requirements, certification of compliance with burning standards, recordkeeping requirements, and storage standards [see 40 CFR 266.34].

Persons Marketing Used Oil Fuel. 40 CFR 266.43 describes to whom the regulations for used oil marketing apply. The same requirements for persons marketing hazardous waste fuel apply to off-specification used oil fuel marketers, except for the manifest and storage requirements [see 40 CFR 266.43].

### TRANSPORTERS

Persons Transporting Hazardous Waste Fuel. Persons who transport hazardous waste fuel are subject to the 40 CFR Part 263 standards for hazardous waste transporters. These persons are required to notify U.S. EPA of their Waste-As-Fuel activities. However, they are not required to renotify U.S. EPA of their hazardous waste transportation activities if they have already done so.

Persons Transporting Used Oil Fuel. Persons who transport used oil fuel, both on-specification and off-specification, are currently exempt from the Waste-As-Fuel regulations.


### BURNERS

Persons Burning Hazardous Waste Fuel. Owners and Operators of industrial furnaces, industrial boilers and utility boilers that burn hazardous waste fuel are subject to the following: (1) notification to U.S. EPA of hazardous waste fuel activities, (2) manifest requirements, (3) certification with burner standards, (4) recordkeeping requirements, and (5) storage standards. Burners must also comply with the prohibitions on use in non-industrial boilers [see 40 CFR 266.35].

Persons Burning Used Oil Fuel. Owners and Operators of industrial furnaces, industrial boilers and utility boilers are subject to the same requirements as Hazardous Waste Fuel Burners except for the manifest and storage standards [see 40 CFR 266.44].

If you have any questions concerning this letter or the Waste-As-Fuel regulations, please contact either Ms. Shirlee Brauer at (312) 886-4591, or Ms. Laura Lodisio at (312) 886-7090 or the RCRA/Superfund Hotline at (800) 424-9436.

Sincerely,

  
Basil G. Constantelos, Director  
Waste Management Division

Enclosure



FORM  
1  
GENERAL

ENVIRONMENTAL PROTECTION AGENCY

## GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F ILD000646786

## GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

JUN 8 2 1986

JWD HHS  
U.S. EPA REGION V

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

1 SKIP MOTOR OILS REFINING CO

## IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	CAPPIN, FRANK, OPR MGR	312	242 2252

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	7601 W 47TH ST	4	MCCOOK	IL	60525

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	7601 W 47TH ST	6	COOK	7	MCCOOK	IL	60525	



**VII. SIC CODES (4 digits, in order of priority)**

A. FIRST 7 2 9 9 2 (specify) LUBRICATING OILS; REREFINING				B. SECOND 7 (specify)			
C. THIRD 7 (specify)				D. FOURTH 7 (specify)			

**VIII. OPERATOR INFORMATION**

A. NAME 8 MORECO ENERGY, INC												B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
---------------------------------	--	--	--	--	--	--	--	--	--	--	--	-----------------------------------------------------------------------------------------------------------------------------	--

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE S = STATE O = OTHER (specify) P (specify)												D. PHONE (area code & no.) 3 1 2 2 4 2 2 5 2			
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--	-------------------------------------------------	--	--	--

E. STREET OR P.O. BOX 7601 W 47TH ST											
-----------------------------------------	--	--	--	--	--	--	--	--	--	--	--

F. CITY OR TOWN 8 MCCOOK						G. STATE IL		H. ZIP CODE 60525		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
-----------------------------	--	--	--	--	--	----------------	--	----------------------	--	------------------------------------------------------------------------------------------------------------------------------------	--

**X. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water) 9 N						D. PSD (Air Emissions from Proposed Sources) 9 P 031-174-AAE					
B. UIC (Underground Injection of Fluids) 9 U						E. OTHER (specify) 031-174-0002 (specify) ILL EPA LAND					
C. RCRA (Hazardous Wastes) 9 R						E. OTHER (specify) 1989-2-0A (specify) ILL EPA OPERATING					

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS (provide a brief description)**

FACILITY COLLECTS, STORES, REREFINES AND TRANSFERS USED LUBRICATING OILS (SUCH AS AUTOMOTIVE OILS) AND INDUSTRIAL OILS.

**XIII. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) KENNETH L. FREDETTE VP - FINANCE		B. SIGNATURE 		C. DATE SIGNED 11/29/86	
---------------------------------------------------------------------------------	--	------------------	--	----------------------------	--

**COMMENTS FOR OFFICIAL USE ONLY**

C											
---	--	--	--	--	--	--	--	--	--	--	--

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
<div>15 16 17 18 19 20 21 22</div>	<div>23 24 25 26 27 28 29 30 31</div>	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  
C 8 YR. 73 74 MO. 75 76 DAY 77 78  
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)  
71 FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN  
71 YR. 73 74 MO. 75 76 DAY 77 78

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS  
72

☐ 2. FACILITY HAS A RCRA PERMIT  
72

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C										DUP										T/A C 1																			
1 12 13 14 15										13 14 15																													
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY														
		1. AMOUNT (specify)					2. UNIT OF MEASURE (enter code)								1. AMOUNT					2. UNIT OF MEASURE (enter code)																			
16 - 18 19 20 21 22 23 24 25 26 27										28 29 30 31 32										16 - 18 19 20 21 22 23 24 25 26 27										28 29 30 31 32									
X-1	S 0 2	600										G		5																									
X-2	T 0 3	20										E		6																									
1	S 0 1	50										Y		7																									
2	S 0 2	2,500,000										G		8																									
3														9																									
4														10																									
16 - 18 19 20 21 22 23 24 25 26 27										28 29 30 31 32										16 - 18 19 20 21 22 23 24 25 26 27										28 29 30 31 32									

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR DESCRIBING OTHER PROCESSES (code "1"), FOR EACH PROCESS ENTERED HERE  
INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if

more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W I L D 0 0 0 6 4 6 7 8 6										W DUP									
1 2 13 14 15										1 2 13 14 15 25 26									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
EPA NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)															
				2. PROCESS DESCRIPTION (If a code is not entered in D(1))															
1	NA	100,000,000	P	S02															
2	NA	10,000,000	P	S01															
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			



**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

ITEM IV LINE 1 EPA HAZ. WASTE CODE NOT KNOWN

FACILITY MAY HAVE HAZARDOUS WASTE ACTIVITIES UNDER THE USED OIL REGULATIONS FINALIZED 11/29/85. AS EPA HAS BEEN NOTIFIED, POSSIBLE ACTIVITIES RESULT FROM THE 1,000 PPM HALOGEN REBUTTABLE PRESUMPTION AND THE GOVERNMENTAL INTERPRETATION OF THE APPLICABILITY OF THE REGULATIONS; THE INTERPRETATION WILL DETERMINE WHETHER THIS APPLICATION IS REQUIRED.

EPA I.D. NO. (enter from page 1)												
F	I	L	D	0	0	0	6	4	6	7	8	6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas, and sites of future storage, treatment or disposal areas (see instructions for more detail).

### VTL FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)				LONGITUDE (degrees, minutes, & seconds)			
87	48	400		041	48	138	
55 - 56	57 - 58	59 - 71		72 - 73	74 - 75	76 - 78	

## VIII. FACILITY OWNER

☒ **A.** If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

**B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items**

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																								
E															E																								
15 16															35 36 37 38 39 40 41 42 43																								
3. STREET OR P.O. BOX															4. CITY OR TOWN															5. ST.					6. ZIP CODE				
E															E																								
F															C																								
17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34															35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54															55 56 57 58 59					60 61 62 63 64 65 66 67 68 69				

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

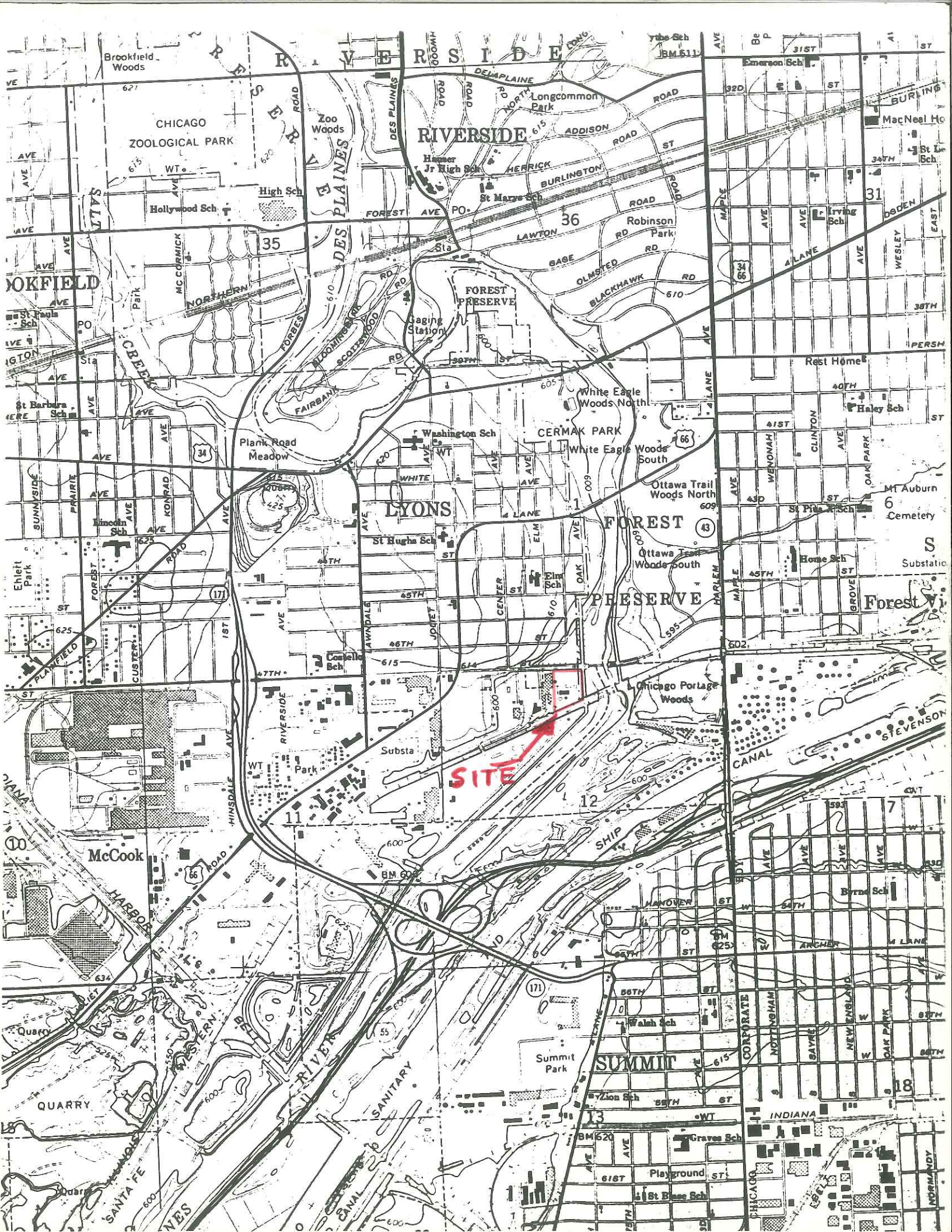
<b>A. NAME (print or type)</b> KENNETH L. FREDETTE VP - FINANCE	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> 11/29/86
-----------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-----------------------------------

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<b>A. NAME (print or type)</b> KENNETH L. FREDETTE VP - FINANCE	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> 11/29/86
-----------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-----------------------------------







# MORECO Energy, Inc.

7601 W. 47TH STREET, McCOOK, ILLINOIS PHONE 312/242-2252

RECEIVED

JUN 02 1986

SWB - AIS  
U.S. EPA, REGION V

May 29, 1986

RCRA Activities  
Region V - U.S. EPA  
P.O. Box A3587  
Chicago, Illinois 60690-3587

RE: RCRA Part A Applications  
Used Oil Regulations  
Finalized 11/29/85

Gentlemen:

Enclosed you will find subject applications made up of Forms 1 and 3 for the following of our facilities:

Motor Oils Refining	- McCook, Illinois	<i>C, TSD, PA</i>
A.A. Waste Oil Service	- Rock Island, Illinois	<i>TR, TSD, PA</i>
Dunavan Oil Service	- Oakwood, Illinois	<i>TR, TSD, PA</i>
Pierce Waste Oil	- Springfield, Illinois	<i>TR, TSD, PA</i>
Amber Oil Company	- Milwaukee, Wisconsin	<i>C, TSD, PA</i>
ABC Oil	- Utica, Michigan	<i>7- Net</i>

As noted in the application, they are being filed because these facilities may have hazardous waste activities per our January 27, 1986, notification to EPA. These activities result from the 1,000 ppm Halogen Rebuttable Presumption and the apparent governmental interpretation of the Regulations that all used oil, whether or not burned for energy, is presumably a hazardous waste if it contains over 1,000 ppm Halogens.

The final interpretation will determine whether or not the enclosed applications are required. Not being sure of the governmental interpretation of the Regulations, we feel compelled to file these applications.

Should further information be required, please contact us.

Very truly yours,

*Ronald E. Stoker*  
Ronald E. Stoker  
Manager of Environmental Affairs

RES:amk

Enclosures

*Contact Person  
Changed, submitted  
to Data entry  
10-21-86*





217/782-6760

January 8, 1985

Mr. Karl Klepitsch, Jr., Chief  
Waste Management Branch  
U. S. Environmental Protection Agency  
Region V  
230 South Dearborn  
Chicago, Illinois 60604

1LD000646786 G, TSD, PA-9, PB

Dear Mr. Klepitsch:

While reviewing our files and other documentation it was found that Motor Oils Refining Company has received a letter stating that they are not covered under the RCRA system. However, upon review of a USEPA September 11, 1984 notification printout, they are still listed as a generator and TSD facility.

Could your office please clarify this situation. If you have any questions, please contact me.

Respectfully,

*William C. Child*

William C. Child  
Deputy Manager  
Division of Land Pollution Control

WCC:AAV:mg

cc: Larry Eastep  
Bill Radlinski  
Andrew Vollmer  
Rama Chaturvedi  
Div. File

RECEIVED  
JAN 10 1985

WMD-RAIU  
EPA, REGION V



## Motor Oils Refining Company

October 25, 1984

U.S. Environmental Protection Agency  
Region V  
230 South Dearborn Street  
Chicago, IL 60604

Attn: Mr. Karl J. Klepitsch  
Waste Management Branch

Subject: 5HW-13 Dunavan Oil (ILD 980794929) TRS, TSD, PA, 9  
A A Waste Oil (ILD 000810291) TRS, TSD, PA, 9

Dear Mr. Klepitsch:

MORECO Energy, Inc. is the parent company which controls Motor Oils Refining Co. (a lube oil recycling plant in McCook, IL), and seven waste oil collection terminals in a five state area. Included in these seven collection terminals are Dunavan Oil Service (ILD 980794929) and A A Waste Oil (ILD 000810291) which are the subjects of two recent letters from your agency. (copies attached)

In February 1983, after Motor Oils Refining Co. had incurred considerable expense in the preparation and submission of documents required for the Part "B" permit, it was decided by the Agency that no such permit was required for the McCook facility. (copy of Agency letter February 27, 1983 attached) Each of the waste oil terminals mentioned collects used automotive crankcase oils and used industrial oils. Listed Hazardous wastes are not currently accepted. As with our McCook facility, we do however recognize that some of the used oils handled may exhibit the characteristics of hazardous wastes.

Upon reviewing the Agency's decision relative to our McCook facility we felt the same conditions applied to all of our Waste Oil terminals. That is, if listed hazardous wastes were not collected or stored at these facilities, then RCRA permits would not be required. To this end we submitted a letter to the Agency suggesting the withdrawal of these applications. (see Motor Oils letter of May 18, 1984 attached) In reply to our letter, we received two letters

RECEIVED

OCT 31 1984

WMD-RAIU

EPA REGION V

7601 West 47th Street McCook, Illinois 60525

General Office: Chicago [312] 242-2252 Suburban [312] 788-9017 Plant: Chicago [312] 242-2306 Suburban [312] 442-6166



relating to A A Waste Oil and Dunavan Oil Service. Essentially these letters state that RCRA status must be maintained if the sites receive any "Listed Hazardous" or "Characteristic Hazardous" wastes. We understand this requirement for "Listed Hazardous" wastes. We have reviewed the waste stream authorizations for these facilities and have notified our personnel not to accept any listed hazardous wastes under any circumstances. We found also that the Dunavan site had a number of "suspect" materials accumulated under previous ownership. We are currently in the process of determining the composition of these materials so that they may be properly disposed of. A plan of closure is being prepared. Our intent is to close the facility as far as Listed Hazardous wastes are concerned.

At the A A Waste Oil Facility there are no Listed Hazardous wastes. Although not determined, there may be wastes which exhibit the characteristics of Hazardous wastes quite similar to those materials accepted at our McCook Facility. Again, our intent is to close this facility as far as Listed Hazardous wastes are concerned.

Per Mr. David Dolan of your Agency, current regulations would allow the acceptance of waste oils which exhibit the characteristics of hazardous wastes if those materials are being legitimately recycled or reclaimed. It is our understanding that once we have effected a formal closure of these facilities we will be able to continue to receive waste oils for the purpose of recycling their lube components provided they do not contain listed hazardous wastes.

Please verify our interpretation.

Regards,



Mark W. Colchin  
Operations Manager

MWC/dl

cc: J. P. O'Connell  
EPA File

# MORECO Energy, Inc.

7601 W. 47TH STREET, McCOOK, ILLINOIS PHONE 312/242-2252

March 5, 1984

Mr. David Dolan  
U.S. EPA  
Region V  
230 South Dearborn St.  
Chicago, Illinois 60604

Dear Mr. Dolan:

Per your request, this is to notify you that MORECO Energy, Inc. has processed at it's Chicago re-refining plant, used petroleum products some of which could have been considered hazardous under Characteristic of Hazardous Wastes of Subpart C of CFR-40-261.20.

In addition, some of the used lubricants brought into our operation contained incidental amounts of listed hazardous wastes. It is our understanding in a conversation with the EPA officials in Washington that incidental contamination of used oil would not place the used oil collected into a listed hazardous classification, i.e. see attached Illinois EPA permit application which was granted to MORECO Energy, Inc. under State Permit #921158. In this case, Mobil Oil in their laboratory used certain lab chemicals and solvents incidentally in the course of their normal lubricant analysis procedures. This State permit is the only one we have where possible incidental contaminants are separately listed even though similar contamination probably exist in other feed streams.

Based on the above, MORECO Energy, Inc. has not brought into its operation any listed hazardous wastes.

Also, I would like to have you further clarify your letter dated February 27, 1984, to us. If you could give us a letter with the following statements in it, it would help us explain our current status to existing customers who assume that we need a RCRA Permit to recycle their used petroleum products.

- 1) MORECO Energy, Inc. is allowed to continue to take into its Chicago operation for recycling used petroleum products which might meet the characteristic of hazardous waste criteria but are not listed hazardous wastes.

**RECEIVED**  
MAR 06 1984  
WASTE MANAGEMENT  
BRANCH



Page Two  
March 5, 1984

- 2) When the regulations relative to the recycling of used petroleum products are issued by the EPA, MORECO Energy, Inc.'s facility will be able to qualify for interim status as an existing hazardous waste management facility by submitting Part A of the permit application in accordance with 40 CFR 2070.1(e).
- 3) MORECO Energy, Inc. will still have to continue to meet all applicable State and local EPA requirements.

I wish to apologize for any misunderstanding that might have occurred in the past. It is our intent to continue to work very closely with the Federal EPA in development of federal standards for recycling facilities and to provide you promptly with any information you need.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kenneth L. Fredette", with a stylized, sweeping flourish at the end.

Kenneth L. Fredette  
Vice President of Finance

KLF/dmg



## Motor Oils Refining Company

December 30, 1983

Mr. William H. Miner, Chief  
Technical, Permits and Compliance Section  
U.S. Environmental Protection Agency, Region V  
230 South Dearborn Street  
Chicago, IL 60604

RECEIVED  
JAN 02 1984  
WASTE MANAGEMENT  
BRANCH

Dear Mr. Miner:

This letter is in response to your request for additional information for our facility's Part B Permit application (ILD 000646786). In that December 5, 1983 letter you had several questions regarding our Waste Analysis Plan, Process Information, and Closure Plans. This response will refer to the same numbering scheme that appears in your letter.

- 1a. The lab report on page 24 is a total analysis for metals on the oil (liquid) portion of the used oil.
- 1b. The maximum percentage of water is addressed on revised page 25.
- 1c. This is addressed on revised page 26.
- 2a. This is addressed on revised page 30.
- 2b. This is addressed on revised page 33.10.
- 2c. This is addressed on revised page 33.10.
- 2d. The cross section of Unloading Section 1 are attached (see newly inserted pages 37.10 and 37.20). The trucks sit on gravel. The ground does not slope to the collection sump. However, the Station #1 is diked.
- 2e. Both No. 1 and No. 2 Unloading Station can go to Tank 100.
- 2f. Used automotive and industrial oils as well as used diesel engine oils are unloaded at No. 2 Unloading Station.

RECEIVED  
1-5-83

COPY

7601 West 47th Street McCook, Illinois 60525

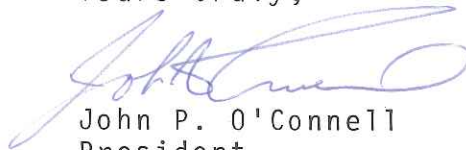
General Office: Chicago (312) 242-2252 Suburban (312) 788-9017 Plant: Chicago (312) 242-2306 Suburban (312) 442-6166



- 2g. The area around Tank 100 and 101 is not diked. However, the entire plant is diked.
- 2h. Diesel engine oils are unloaded at No. 1 and No. 2 Stations. The diesel tanks are located east of Tank 101 (see Plot Plan)
- 3a. This is addressed on revised pages 79 and 80.

We hope this information is sufficient. As in the past, we remain ready to address any further questions you may have regarding the application.

Yours truly,



John P. O'Connell  
President

FEB 27 1983

5HH-12

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

John P. O'Connell, President  
Motor Oils Refining Company  
7601 West 47th Street  
McCook, Illinois 60525

Dear Mr. O'Connell:

Based upon the information contained in your company's submission of a revised Part A, and conversations with Mr. Kenneth Fredette, it has been determined that your facility is not governed under current Agency regulations. Consequently, your facility does not have interim status. We have, therefore, terminated processing of your Part B permit application.

Should the Agency promulgate regulations for the wastes your facility now treats, your company could qualify for interim status as an existing hazardous waste management facility by submitting Part A of the permit application in accordance with 40 CFR 270.10(e). In no event will your facility be able to treat currently listed hazardous wastes without prior submission of a Part B permit application, as a new facility, and the issuance of a RCRA permit. Furthermore, be advised that you must still comply with any applicable state and local requirements.

You may contact Mr. David Dolan of my staff at 886-1484, if you have further questions on this matter.

Sincerely,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

cc: Kenneth Fredette ✓  
C.I. Corporation System  
Larry Eastep, IEPA



<b>FORM 1</b> <b>GENERAL</b>	 <b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>I. EPA I.D. NUMBER</b></td> <td style="width:10%; text-align: center;">T/A</td> <td style="width:10%; text-align: center;">C</td> </tr> <tr> <td colspan="2" style="font-size: 1.2em;">I L D 000646786</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> </tr> </table>	<b>I. EPA I.D. NUMBER</b>		T/A	C	I L D 000646786		D	D
<b>I. EPA I.D. NUMBER</b>		T/A	C							
I L D 000646786		D	D							
<b>LABEL ITEMS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>I. EPA I.D. NUMBER</b></td> <td rowspan="4" style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; padding: 10px; width: 100%;"> <b>PLEASE PLACE LABEL IN THIS SPACE</b>   </div> </td> </tr> <tr><td><b>III. FACILITY NAME</b></td></tr> <tr><td><b>V. FACILITY MAILING ADDRESS</b></td></tr> <tr><td><b>VI. FACILITY LOCATION</b></td></tr> </table>		<b>I. EPA I.D. NUMBER</b>	<div style="border: 1px solid black; padding: 10px; width: 100%;"> <b>PLEASE PLACE LABEL IN THIS SPACE</b>   </div>	<b>III. FACILITY NAME</b>	<b>V. FACILITY MAILING ADDRESS</b>	<b>VI. FACILITY LOCATION</b>	<b>GENERAL INSTRUCTIONS</b> <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>			
<b>I. EPA I.D. NUMBER</b>	<div style="border: 1px solid black; padding: 10px; width: 100%;"> <b>PLEASE PLACE LABEL IN THIS SPACE</b>   </div>									
<b>III. FACILITY NAME</b>										
<b>V. FACILITY MAILING ADDRESS</b>										
<b>VI. FACILITY LOCATION</b>										

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

C	1	SKIP	MOTOR OILS REFINING COMPANY	60
---	---	------	-----------------------------	----

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C	2	SALMON JAMES ENVIRON. COORD	312	242	2252	45	55

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX			
C	3	7601 West 47th Street	
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	4	Mc Cook	IL.
15	16	60525	47

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
C	5	7601 West 47th Street	
B. COUNTY NAME		D. STATE	E. ZIP CODE
C	6	Cook	IL.
15	16	60525	47
C. CITY OR TOWN		F. COUNTY CODE (if known)	
C	6	Mc Cook	
15	16	031	

RECEIVED  
 1/07/82



## VIII. OPERATOR INFORMATION

X. EXISTING ENVIRONMENTAL PERMITS	
-----------------------------------	--

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Facility re-refines used lubricating oils. Recompounds and blends this oil into various finished lube oil products, i.e., motor oils, hydraulic oils, gear oils, etc.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY	
C	
C	
15	16



<b>FORM 1</b> <b>GENERAL</b>	 <b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;">             F I L <u>0000</u> 6 4 6 7 8 6 <u>3</u> D           </div>
<b>LABEL ITEMS</b> <div style="border: 1px solid black; padding: 5px;"> <b>I. EPA I.D. NUMBER</b>  <b>III. FACILITY NAME</b>  <b>V. FACILITY MAILING ADDRESS</b>  <b>VI. FACILITY LOCATION</b> </div>		<b>GENERAL INSTRUCTIONS</b> <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>
<div style="border: 1px solid black; padding: 10px; background-color: #f0f0f0;"> <b>PLEASE PLACE LABEL IN THIS SPACE</b> </div>		

II. POLLUTANT CHARACTERISTICS											
<b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.											
SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'						
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED				
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X					
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X					
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X					
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X					
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X					

III. NAME OF FACILITY											
C	1	SKIP	MOTOR OILS REFINING COMPANY								69

IV. FACILITY CONTACT															
A. NAME & TITLE (last, first, & title)						B. PHONE (area code & no.)									
C	2	FREDETTE KEN - PLANT ADMIN.				3	1	2	2	4	2	2	2	5	2

V. FACILITY MAILING ADDRESS												
A. STREET OR P.O. BOX												
C	3	7601 WEST 47TH STREET										
B. CITY OR TOWN						C. STATE		D. ZIP CODE				
C	4	MC COOK				I	L	6	0	5	2	5

VI. FACILITY LOCATION											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
C	5	7601 WEST 47TH STREET									
B. COUNTY NAME						C. CITY OR TOWN					
COOK						MC COOK					
D. STATE						E. ZIP CODE		F. COUNTY CODE (if known)			
I L						6 0 5 2 5		0 3 1			



VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	2	9	C	7		
15	16	17	18	15	16	17	18
(specify) Lube Oil Re-refinery				(specify)			

C. THIRD				D. FOURTH			
C	7			C	7		
15	16	17	18	15	16	17	18
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
C	8	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
15	16		
MOTOR OILS REFINING COMPANY			

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	C	A
P	(specify)	3	1
55		2	2
		2	4
		2	2
		5	2

E. STREET OR P.O. BOX	
7	6
0	1
WEST 47TH STREET	

F. CITY OR TOWN		G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C	B	I	L	6	0	Is the facility located on Indian lands?	
15	16	40	41	42	47	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
MC COOK				525		52	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	9	C	9
N		P	
15	16	15	16
		031-174-ARE	

B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	9	C	9
U		2	
15	16	15	16
		031-174-02 (specify)	
		ILL. EPA LAND PERMIT	

C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	9	C	9
R		2	
15	16	15	16
ILT0000646786		1980-2-OP (specify)	
		ILL. EPA OPERATING PERMIT	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F-9: A/50


XII. NATURE OF BUSINESS (provide a brief description)

Facility re-refines used lubricating oils. Recompounds and blends this oil into various finished lube oil products, i.e., motor oils, hydraulic oils, gear oils, etc.

F-9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Kenneth L. Fredette - Plt Adm.		11/17/80

COMMENTS FOR OFFICIAL USE ONLY

C
C
15
16



<b>FORM 3</b> RCRA		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	<b>I. EPA I.D. NUMBER</b>											
			S I L D 000646786											

**FOR OFFICIAL USE ONLY**

<b>APPLICATION APPROVED</b>	<b>DATE RECEIVED</b> (yr., mo., & day)	<b>COMMENTS</b>
23	24 25 26 27 28 29	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)
<div>8 15 YR. 34 MO. 01 DAY 01 73 74 75 76 77 78</div> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p>	<div>71 YR. MO. DAY 73 74 75 76 77 78</div> <p>FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p>

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
--------------------------------------------------------------------	--------------------------------------------------------

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C 13 14 15 T/A C I											
1 2 3 4 5 6 7 8 9 10 11 12											
<b>LINE NUMBER</b>	<b>A. PRO- CESS CODE</b> (from list above)	<b>B. PROCESS DESIGN CAPACITY</b>									
		<b>1. AMOUNT</b> (specify)					<b>2. UNIT OF MEASURE</b> (enter code)		<b>FOR OFFICIAL USE ONLY</b>		
X-1	S 0 2	600					G				
X-2	T 0 3	20					E				
1	S 0 2	2 500 000					G				
2											
3											
4											



**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEASURE (enter code)		D. PROCESSES					
									1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
X-1	K	0	5	4	900		P		T	0	3	D	8	0
X-2	D	0	0	2	400		P		T	0	3	D	8	0
X-3	D	0	0	1	100		P		T	0	3	D	8	0
X-4	D	0	0	2										
													included with above	



**NOTE:** Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA Form 3510-3 (6-80) CONTINUE ON REVERSE



**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	0	0	6	4	6	7	8	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

8	7	4	8	4	0	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, &amp; seconds)

0	4	1	4	8	1	3	8
72	73	74	75	76	77	78	79

**VIII. FACILITY OWNER**☒ If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

E																							
3. STREET OR P.O. BOX												4. CITY OR TOWN											
F												G											
5. ST.												6. ZIP CODE											

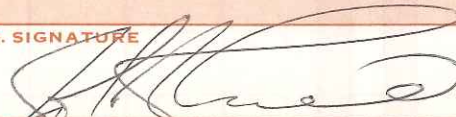
**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

John P. O'Connell

B. SIGNATURE



C. DATE SIGNED

11/4/82

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Kenneth L. Fredette

B. SIGNATURE



C. DATE SIGNED

11/4/82



Revised: 12/22/81

<u>PERMIT NUMBER</u>	<u>EXPIRES</u>	<u>PERMIT NUMBER</u>	<u>EXPIRES</u>	<u>PERMIT NUMBER</u>	<u>EXPIRES</u>
991109	2/4/82	992921	6/1/84	993894	8/15/84
991155	7/1/82	992922	"	993895	"
991156	7/1/82	992923	"	993896	"
991157	"	992949	6/9/84	993897	"
991158	"	992974	6/4/84	993898	"
991159	"	992982	6/1/84	993905	7/10/84
991160	"	992983	5/20/82	993906	"
991161	"	992994	5/9/84	993907	"
991162	"	993043	6/30/84	993908	"
991212	"	993060	7/10/84	993909	"
991289	"	993061	6/23/84	993910	"
991302	"	993062	6/23/84	993911	"
991357	"	993063	7/10/84	993912	"
991358	"	993074	6/17/84	993913	"
991359	"	993110	6/19/84	993914	"
991360	"	993116	"	993915	"
991361	"	993117	"	993916	"
991362	"	993144	6/22/84	993917	"
991403	"	993145	"	993918	"
991503	"	993148	"	993945	8/20/84
991513	"	993149	"	993946	"
991514	"	993155	"	993947	8/3/82
991515	"	993156	"	993948	"
991516	"	993221	6/26/84	993950	8/15/84
991517	"	993248	7/10/84	993951	9/12/84
991545	"	993273	3/18/84	993952	"
991551	"	993276	3/3/84	993954	8/20/84
991571	"	993277	5/5/84	993955	"
991596	"	993278	6/30/84	993956	8/2/82
991647	2/4/82	993284	7/10/84	993958	8/3/82
991676	7/1/82	993286	7/13/84	993959	"
991690	"	993389	6/23/84	993960	"
991691	"	993422	7/2/84	993962	"
991705	"	993423	"	993963	"
991707	"	993443	8/14/84	993964	"
991708	"	993444	"	993965	"
991757	3/1/82	993445	"	993966	"
991816	3/2/82	993448	"	993967	"
991925	7/1/82	993499	8/15/84	993968	"
991938	"	993451	"	993969	"
991939	"	993452	"	993970	8/20/84
991944	"	993456	"	993971	"
992117	6/2/84	993578	7/20/84	993972	"
992147	7/1/82	993585	7/13/84	993973	"
992242	6/8/84	993880	8/24/84	993974	"
992303	7/1/82	993883	8/15/84	993975	"
992304	"	993884	"	993976	"
992305	"	993885	"	993977	"
992325	"	993886	"	993978	8/3/82
992326	"	993887	"	993979	8/20/82
992535	5/26/84	993888	"	993980	8/20/84
992536	7/1/82	993889	"	993981	"
992903	"	993890	7/28/84	993982	"
992904	6/2/84	993891	8/15/84	993983	"
992912	6/1/84	993892	"	993984	8/3/82
992920	6/1/84	993893	"	993985	"

Revised: 12/22/81

<u>PERMIT NUMBER</u>	<u>EXPIRES</u>	<u>PERMIT NUMBER</u>	<u>EXPIRES</u>	<u>PERMIT NUMBER</u>	<u>EXPIRES</u>
993987	3/3/82	994248	9/11/84	998855	10/15/84
993989	"	994364	9/20/84	998856	"
993990	"	994365	"	998857	"
993991	"	994367	9/25/84	998858	"
993992	"	994368	"	998860	10/15/82
993993	"	994391	9/21/84	998861	10/15/84
993994	9/12/84	994441	9/25/84	998862	"
993995	"	994456	10/24/84	998863	"
993996	"	994459	10/15/84	998864	"
993997	"	994462	7/10/84	998865	"
993998	8/3/82	994479	"	998866	"
993999	"	994482	"	998867	"
994000	8/24/84	994494	10/24/82	998868	"
994001	"	994495	"	998869	9/20/84
994002	"	994496	"	998870	10/15/84
994003	"	994534	10/24/84	998871	"
994004	"	994535	9/17/82	998872	"
994005	"	994558	10/24/84	998873	"
994006	8/15/84	994671	9/30/84	998874	"
994008	8/24/84	994672	"	998875	"
994009	"	994673	"	998876	"
994010	"	994674	"	998877	"
994011	8/14/84	994681	"	998878	"
994012	8/24/84	994682	"	998879	"
994013	"	994705	7/10/84	998880	"
994015	"	994706	"	998881	"
994028	8/25/84	994707	"	998882	"
994029	"	994772	10/14/84	998883	"
994030	"	995361	11/13/84	998886	"
994066	8/15/84	997159	10/30/84	998887	"
994084	8/25/84	997436	7/1/82	998888	"
994099	8/24/84	997529	2/2/82	998889	"
994124	8/15/84	997645	3/3/82	998891	"
994128	8/7/84	997706	3/8/82	998892	"
994130	"	997799	7/1/82	998893	"
994131	"	997859	"	998894	"
994132	"	997953	"	998899	"
994137	8/30/84	997963	5/7/82	998903	"
994138	"	998051	6/10/84	998907	"
994139	"	998231	7/10/84		
994140	"	998233	"		
994141	"	998263	"		
994173	8/20/84	998273	"		
994190	9/15/84	998276	"		
994191	9/15/84	998277	"		
994192	"	998290	"		
994193	"	998334	"		
994200	8/30/84	998338	"		
994240	9/11/84	998652	9/2/82		
994241	"	998695	9/9/82		
994242	"	998723	9/16/82		
994243	"	998847	10/8/84		
994244	"	998848	10/15/84		
994245	"	998849	"		
994246	"	998853	"		
994247	"	998854	"		



FORM <b>3</b> RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			S I L <b>0000646786</b> T/A C <b>31</b>											

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)												
<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td><b>3</b></td><td><b>4</b></td><td><b>01</b></td></tr></table> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (Use the boxes to the left)	YR.	MO.	DAY	<b>3</b>	<b>4</b>	<b>01</b>	<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td></td><td></td><td></td></tr></table> FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	YR.	MO.	DAY			
YR.	MO.	DAY											
<b>3</b>	<b>4</b>	<b>01</b>											
YR.	MO.	DAY											

B. REVISED APPLICATION (place an "X" below and complete Item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
---------------------------------------------------------	--------------------------------------------------------

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	ACRE-FEET . . . . .	A	
LITERS . . . . .	L	TONS PER HOUR . . . . .	HECTARE-METER . . . . .	F	
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	ACRES . . . . .	B	
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	HECTARES . . . . .	Q	
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP												T/A C	31		
13 14 15															
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)		2. UNIT OF MEAS- URE (enter code)						1. AMOUNT		2. UNIT OF MEAS- URE (enter code)			
X-1	S02	600					G	5							
X-2	T03						E	6							
1	S01	3366000					G	7							
2	S02	2,500,000					G	8							
3	T01	60,000						9							
4								10							



**III. PROCESSES** (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
S I L T 0 0 0 0 6 4 6 7 8 6 3 1 1 2 13 14 15													S W 1 2 3 2 DUP 13 14 15 23 25												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29										
1	K 0 4 8	1 0 0 , 0 0 0 0 0 0	G	T 0 1																					
2	K 0 4 9	1 , 0 0 0 0 0 0	G	T 0 1																					
3	K 0 5 0	1 0 0 0 0	G	T 0 1																					
4	K 0 5 1	2 0 0 0 0 0 0 0	G	T 0 1																					
5	K 0 5 2	1 2 0 0 0 0 0 0	G	T 0 1																					
6	D 0 0 2	<del>1 5 6 0 0 0 0 0 0</del>	<del>G</del>	<del>T 0 1</del>	<del>T 0 4</del>																				
7		9 9 9 9 9 9 9 9																							
8	D 0 0 2																								
9	D 0 0 8																								
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									



## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	0	0	6	4	6	7	8	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FG:A/55

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FG:B/56

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, seconds)

4	1	4	8	1	3	8
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, seconds)

0	4	1	4	8	1	3	8
72	73	74	75	76	77	78	79

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

C	E	H	A	R	R	Y	L	I	T	W	I	N	A	N	D	A	S	S	O	C	I	A	T	E	S
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	

3	1	6	-	2	6	5	-	0	7	3	1
55	56	57	58	59	60	61	62	63	64	65	66

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	P	.	O	.	B	O	X	2	8	2
15	16	17	18	19	20	21	22	23	24	25	26

C	G	W	I	C	H	I	T	A
40	41	42	43	44	45	46	47	48

K	S
40	41

6	7	2	0	1
47	48	49	50	51

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

J. P. O'CONNELL

B. SIGNATURE



C. DATE SIGNED

11/17/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

K. L. FREDETTE

B. SIGNATURE



C. DATE SIGNED

11/17/80

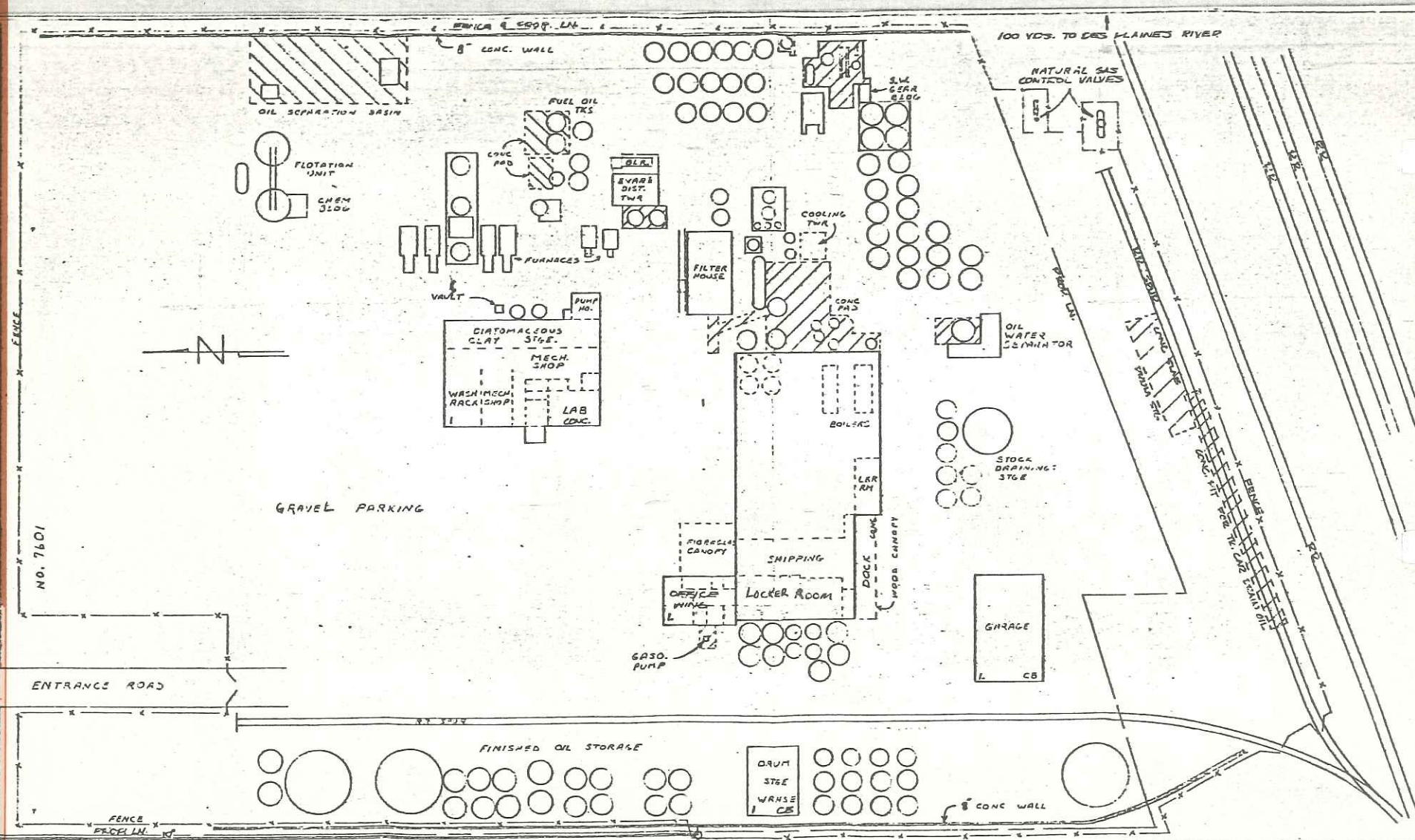


W. 47TH ST.

10' CWM

Continued from page 4.

V. FACILITY DRAWING (see page 4)



EPA ID NUMBER ILT000646786

145 NATOMA STREET SAN FRANCISCO, CALIFORNIA 94105 TELEPHONE (415) 495-3310		<b>The FPE Group</b>	FIRE PROTECTION ENGINEER CONSULTANTS
SCALE 1" = 50'	DATE 9-25-78	ESMARK, INC.	PROJ. NO. 7
DRAWN		UNITECH CHEMICALS INC.	DRAWING NO.
		MOTOR OIL REFINING CO.	



## ADDENDUM

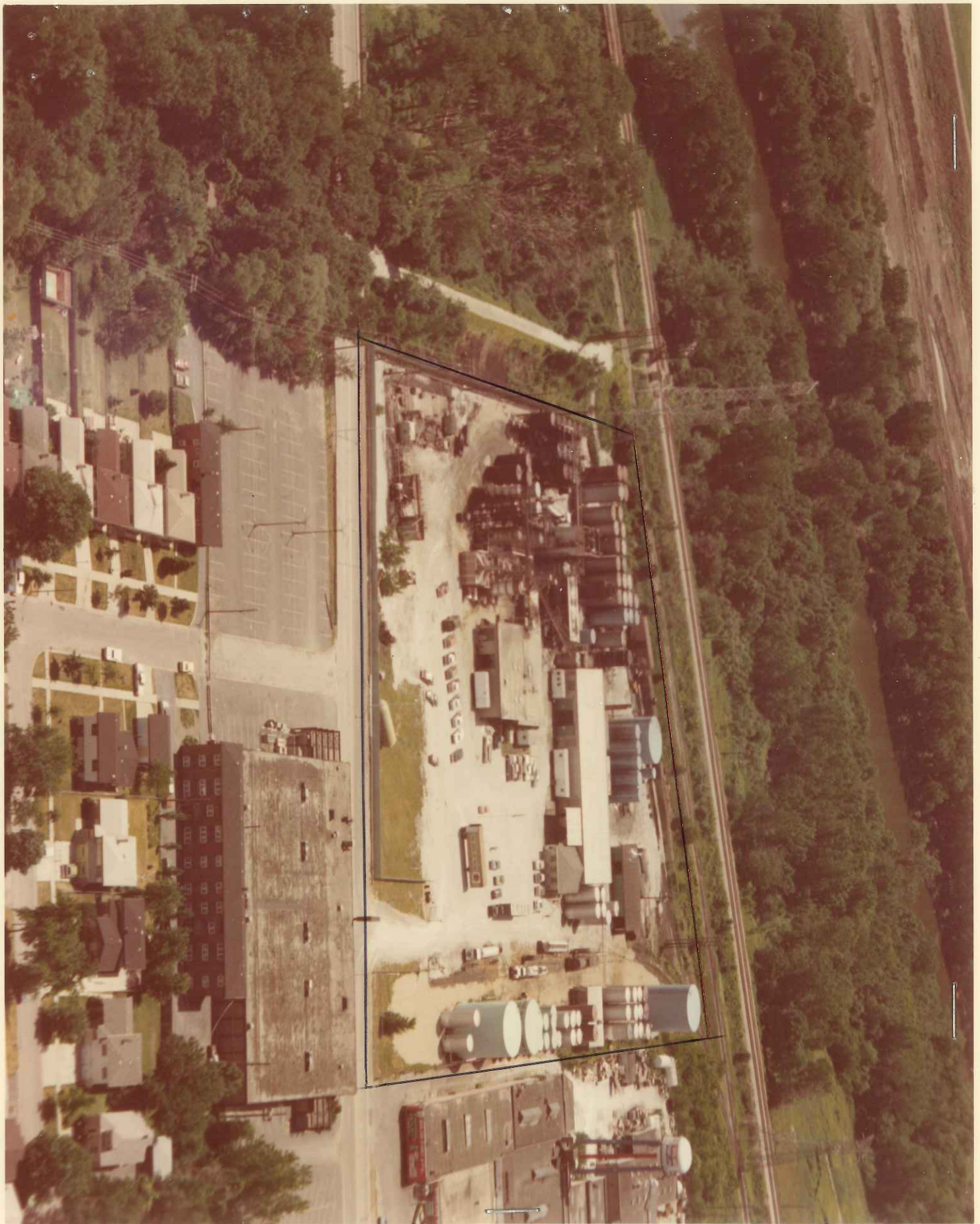
Motor Oils Refining Company is engaged in the business of re-refining used lubricating oils. We have capacity to produce approximately fifteen million gallons per year of re-refined lubricants. We use a re-refining treatment or process which utilizes tanks and distillation and processing vessels and other auxiliary equipment to accomplish this. It is our present understanding that this operation should not be listed on the attached EPA forms in that where material fed into a recycling operation, such material are excluded from such registrations. If, however, this interpretation is not right, we have included the required information to have such an operation listed and registered with the EPA.

The capacity of our facility expressed as used lubricating oil input to our operation is approximately twenty million gallons per year based on what we feel is an average used oil quality. We have listed on the attached forms the waste which we generate at our facility which we feel come under the EPA reporting system. The above mentioned re-refining process and the used oil refining capacity are only included in this attachment.

If required, add the following:

ITEM III	A. T01, T04
	B.1 60,000,000
	B.2 U
ITEM IV	A. D008
	B. <del>20,000,000</del> 999,999,999
	C. Y
	D.1 T04 (Re-refining System)













## Motor Oils Refining Company

January 19, 1984

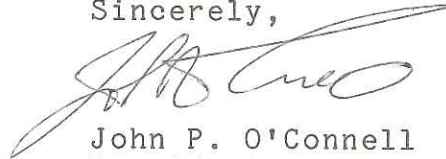
Mr. Dave Dolan  
U.S. E.P.A.  
230 South Dearborn  
Chicago, Illinois 60601

Dear Dave:

We are sorry for the delay in forwarding our proof of financial responsibility to you, as required under RCRA Part B. We have completed negotiations with the Continental Bank for a trust fund. But due to the high cost of this program we have been asked by our Board of Directors to review the possibility of using insurance in place of setting up a trust fund to accomplish this requirement. Therefore, we are hoping to have this option review completed no later than March 15, 1984. If we complete it sooner, we will notify you of our conclusion.

I hope this will meet your requirements. If you have any questions, please contact me.

Sincerely,



John P. O'Connell  
President

JPO/dmg





## Motor Oils Refining Company

December 7, 1983

Mr. William H. Miner, Chief  
Technical, Permits, Compliance Section  
U.S. Environmental Protection Agency  
Region V  
230 South Dearborn Street  
Chicago, Illinois 60604

RE: Part B Application - ILD000646786


Dear Mr. Miner:

Enclosed is a copy of our insurance certificate for environmental impairment liability insurance. Also enclosed is a copy of the Trust Agreement which I have submitted to Mr. John Vergeer of the Document Review Section of Continental Illinois National Bank & Trust Company of Chicago (telephone number 828-3470). As soon as Continental Bank accepts the position of "Trustee", we will put 5% of the total closure estimate into the trust fund.

We have just received your written requirements for additional Part B information on December 6, 1983. Our Plant Engineer, Mr. Brian McEwan, will reply with the additional information as soon as possible.

If you have any questions, please contact either Mr. McEwan or myself at 312/788-9017.

Sincerely,

  
Kenneth L. Fredette  
Vice President of Finance

KLF/dmg

Enclosures

cc: J.P. O'Connell  
B.D. McEwan  
L. Eastep - IEPA

RECEIVED  
DEC 09 1983

WASTE MANAGEMENT  
BRANCH

received  
12-14-83

7601 West 47th Street McCook, Illinois 60525

General Office: Chicago (312) 242-2252 Suburban (312) 788-9017 Plant: Chicago (312) 242-2306 Suburban (312) 442-6166

COPY 2




## HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Evanston Insurance Company, (the "Insurer") of Evanston, Illinois 60201 hereby certifies that it has issued liability insurance covering bodily injury and property damage to MORECO ENERGY, INC. ETAL., (the "Insured"), of 7601 West 47th Street, McCook, Illinois 60525 in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at 7601 West 47th Street, McCook, Illinois 60525 EPA Identification No. ILD000646786 for "non-sudden accidental occurrences". The limits of liability are \$ 3,000,000 each occurrence and \$ 6,000,000 annual aggregate exclusive of legal defense costs. The coverage is provided under Policy Number IE 100157 issued on July 14, 1983. The effective date of said policy is June 30, 1983.
2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
  - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
  - (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.



---

E.L. Calhoun  
Authorized Representative of  
Evanston Insurance Company  
One American Plaza  
Evanston, Illinois 60201



## TRUST AGREEMENT

Trust Agreement, the "Agreement," entered into as of \_\_\_\_\_ by and between MORECO Energy, Inc., an Illinois corporation, the "Grantor," and The Continental Illinois National Bank & Trust Company of Chicago, a national bank, the "Trustee."

Whereas, the United States Environmental Protection Agency, "EPA," an agency of the United States Government, and the Illinois Environmental Protection Agency, "IEPA," an agency of the State of Illinois government, have established certain regulations applicable to the Grantor, requiring that an owner or operator of a hazardous waste management facility shall provide assurance that funds will be available when needed for closure and/or post-closure care of the facility,

Whereas, the Grantor has elected to establish a trust to provide all or part of such financial assurance for the facilities identified herein,

Whereas, the Grantor, acting through its duly authorized officers, has selected the Trustee to be the trustee under this agreement, and the Trustee is willing to act as trustee,

Now, Therefore, the Grantor and the Trustee agree as follows:

Section 1. Definitions. As used in this Agreement:

(a) The term "Grantor" means the owner or operator who enters into this Agreement and any successors or assigns of the Grantor.

(b) The term "Trustee" means the Trustee who enters into this Agreement and any successor Trustee.

Section 2. Identification of facilities and Cost Estimates. This Agreement pertains to the facilities and cost estimates identified on attached Schedule A (on Schedule A, for each facility list the EPA or IEPA Identification Number, name, address, and the current closure and/or post-closure cost estimates, or portions thereof, for which financial assurance is demonstrated by this Agreement).

Section 3. Establishment of Fund. The Grantor and the trustee hereby establish a trust fund, the "Fund," for the benefit of the EPA or the IEPA. The Grantor and the Trustee intend that no third party have access to the Fund except as herein provided. The Fund is established initially as consisting of the property, which is acceptable to the Trustee, described in Schedule B attached hereto. Such property and any other property subsequently transferred to the Trustee is referred to as the Fund, together with all earnings and profits thereon, less any payments or distributions made by the Trustee pursuant to this Agreement. The Fund shall be held by the Trustee, IN TRUST, as hereinafter provided. The Trustee shall not be responsible nor shall it undertake any responsibility for the amount or adequacy of, nor any duty to collect from the Grantor, any payments

necessary to discharge any liabilities of the Grantor established by EPA or IEPA.

Section 4. Payment for Closure and Post-Closure Care. The Trustee shall make payments from the Fund as the EPA Regional Administrator or Director of IEPA shall direct, in writing, to provide for the payment of the costs of closure and/or post-closure care of the facilities covered by this Agreement. The Trustee shall reimburse the Grantor or other persons as specified by the EPA Regional Administrator or Director of IEPA from the Fund for closure and post-closure expenditures in such amounts as the EPA Regional Administrator or Director of IEPA shall direct in writing. In addition, the trustee shall refund to the Grantor such amounts as the EPA Regional Administrator or Director of IEPA specifies in writing. Upon refund, such funds shall no longer constitute part of the Fund as defined herein.

Section 5. Payments Comprising the Fund. Payments made to the Trustee for the Fund shall consist of cash or securities acceptable to the Trustee.

Section 6. Trustee Management. The Trustee shall invest and reinvest the principal and income of the Fund and keep the Fund invested as a single fund, without distinction between principal and income, in accordance with general investment policies and guidelines which the Grantor may communicate in writing to the Trustee from time to time, subject, however, to the provisions of this Section. In investing, reinvesting, exchanging, selling, and managing the Fund, the Trustee shall discharge his duties with respect to the trust fund solely in the interest of the beneficiary and with the care, skill, prudence, and diligence under the circumstances then prevailing which persons of prudence, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character and with like aims; except that:

(i) Securities or other obligations of the Grantor, or any other owner or operator of the facilities, or any of their affiliates as defined in the Investment Company Act of 1940, as amended, 15 U.S.C. 80a-2.(a), shall not be acquired or held, unless they are securities or other obligations of the Federal or a State government.

(ii) The Trustee is authorized to invest the Fund in time or demand deposits of the Trustee, to the extent insured by an agency of the Federal or State government; and

(iii) The Trustee is authorized to hold cash awaiting investment or distribution uninvested for a reasonable time and without liability for the payment of interest thereon.

Section 7. Commingling and Investment. The Trustee is expressly authorized in its discretion:



(a) To transfer from time to time any or all of the assets of the Fund to any common, commingled, or collective trust fund created by the Trustee in which the Fund is eligible to participate, subject to all of the provisions thereof, to be commingled with the assets of other trusts participating therein; and

(b) To purchase shares in any investment company registered under the Investment Company Act of 1940, 15 U.S.C. 80a-1 et seq., including one which may be created, managed, underwritten, or to which investment advice is rendered or the shares of which are sold by the Trustee. The Trustee may vote such shares in its discretion.

Section 8. Express Powers of Trustee. Without in any way limiting the powers and discretions conferred upon the Trustee by the other provisions of this Agreement or by law, the Trustee is expressly authorized and empowered:

(a) To sell, exchange, convey, transfer, or otherwise dispose of any property held by it, by public or private sale. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity or expediency of any such sale or other disposition;

(b) To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;

(c) To register any securities held in the Fund in its own name or in the name of a nominee and to hold any security in bearer form or in book entry, or to combine certificates of the same issue held by the Trustee in other fiduciary capacities, or to deposit or arrange for the deposit of such securities in a qualified central depository even though, when so deposited, such securities may be merged and held in bulk in the name of the nominee of such depository with other securities deposited therein by another person, or to deposit or arrange for the deposit of any securities issued by the United States Government, or any agency or instrumentality thereof, with a Federal Reserve bank, but the books and records of the Trustee shall at all times show that all such securities are part of the Fund;

(d) To deposit any cash in the Fund in interest-bearing accounts maintained or savings certificates issued by the Trustee, in its separate corporate capacity, or in any other banking institution affiliated with the Trustee, to the extent insured by an agency of the Federal or State government; and

(e) To compromise or otherwise adjust all claims in favor of or against the Fund.

Section 9. Taxes and Expenses. All taxes of any kind that may be assessed or levied against or in respect of the Fund and all brokerage commissions incurred by the Fund shall be paid from the Fund. All other expenses incurred by the Trustee in connection with the administration of this Trust, including fees for legal services rendered to the Trustee, the compensation of the Trustee to the extent not paid directly by the Grantor, and all other proper charges and disbursements of the Trustee shall be paid from the Fund.

Section 10. Annual Valuation. The Trustee shall annually, at least 30 days prior to the anniversary date of establishment of the Fund, furnish to the Grantor and to the appropriate EPA Regional Administrator or Director of IEPA a statement confirming the value of the Trust. Any securities in the Fund shall be valued at market value as of no more than 60 days prior to the anniversary date of establishment of the Fund. The failure of the Grantor to object in writing to the Trustee within 9 days after the statement has been furnished to the Grantor and the EPA Regional Administrator or Director of IEPA shall constitute a conclusively binding assent by the Grantor, barring the Grantor from asserting any claim or liability against the Trustee with respect to matters disclosed in the statement.

Section 11. Advice of Counsel. The Trustee may from time to time consult with counsel, who may be counsel to the Grantor, with respect to any question arising as to the construction of this Agreement or any action to be taken hereunder. The Trustee shall be fully protected, to the extent permitted by law, in acting upon the advice of counsel.

Section 12. Trustee Compensation. The Trustee shall be entitled to reasonable compensation for its services as agreed upon in writing from time to time with the Grantor.

Section 13. Successor Trustee. The Trustee may resign or the Grantor may replace the Trustee, but such resignation or replacement shall not be effective until the Grantor has appointed a successor trustee and this successor accepts the appointment. The successor trustee shall have the same powers and duties as those conferred upon the Trustee hereunder. Upon the successor trustee acceptance of the appointment, the Trustee shall assign, transfer, and pay over to the successor trustee the funds and properties then constituting the Fund. If for any reason the Grantor cannot or does not act in the event of the resignation of the Trustee, the Trustee may apply to a court of competent jurisdiction for the appointment of a successor trustee or for instruction. The successor trustee shall specify the date on which it assumes administration of the trust in a writing sent to the Grantor, the EPA Regional Administrator or Director of IEPA, and the present Trustee by certified mail 10 days before such change becomes effective. Any expenses incurred by the Trustee as a result of any of the acts contemplated by this Section shall be paid as provided in Section 9.



Section 14. Instructions to the Trustee. All orders, request, and instructions by the Grantor to the Trustee shall be in writing, signed by such persons as are designated in the attached Exhibit A or such other designees as the Grantor may designate by amendment to exhibit A. The Trustee shall be fully protected in acting without inquiry in accordance with the Grantor's orders, request, and instructions. All orders, requests, and instructions by the EPA Regional Administrator or Director of IEPA to the Trustee shall be in writing, signed by the EPA Regional Administrator or Director of IEPA of the Regions in which the facilities are located, or their designees, and the Trustee shall act and shall be fully protected in acting in accordance with such orders, requests, and instructions. The Trustee shall have the right to assume, in the absence of written notice to the contrary, that no event constituting a change or a termination of the authority of any person to act on behalf of the Grantor or EPA or IEPA hereunder has occurred. The Trustee shall have no duty to act in the absence of such orders, requests, and instructions from the Grantor and/or EPA or IEPA, except as provided for herein.

Section 15. Notice of Nonpayment. The Trustee shall notify the Grantor and the appropriate EPA Regional Administrator or Director of IEPA, by certified mail within 10 days following the expiration of the 30-day period after the anniversary of the establishment of the Trust, if no payment is received from the Grantor during that period. After the payin period is completed, the Trustee shall not be required to send a notice of nonpayment.

Section 16. Amendment of Agreement. This Agreement may be amended by an instrument in writing executed by the Grantor, the Trustee, the appropriate EPA Regional Administrator or Director of IEPA, or by the Trustee and the appropriate EPA Regional Administrator or Director of IEPA if the Grantor ceases to exist.

Section 17. Irrevocability and Termination. Subject to the right of the parties to amend this Agreement as provided in Section 16, this Trust shall be irrevocable and shall continue until terminated at the written agreement of the Grantor, the Trustee, and the EPA Regional Administrator or Director of IEPA, or by the Trustee and the EPA Regional Administrator or Director of IEPA, if the Grantor ceases to exist. Upon termination of the Trust, all remaining trust property, less final trust administration expenses, shall be delivered to the Grantor.

Section 18. Immunity and Indemnification. The Trustee shall not incur personal liability of any nature in connection with any act or omission, made in good faith, in the administration of this Trust, or in carrying out any directions by the Grantor or the EPA Regional Administrator or Director of IEPA issued in accordance with this Agreement. The Trustee shall be indemnified and saved harmless by the Grantor or from the Trust Fund, or both, from and against any personal liability to which the Trustee may be subjected by reason of any act or conduct in its official capacity, including all expenses reasonably insured in its defense in the event the Grantor fails to provide such defense.

Section 19. Choice of Law. This Agreement shall be administered, construed, and enforced according to the laws of the State of Illinois.

Section 20. Interpretation. As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The descriptive headings for each Section of this Agreement shall not affect the interpretation or the legal efficacy of this Agreement.

In Witness Whereof the parties have caused this Agreement to be executed by their respective officers duly authorized and their corporate seals to be hereunto affixed and attested as of the date first above written: the parties below certify that the wording of this Agreement is identical to the wording specified in 40 CRF 264.151(a)(1) as such regulations were constituted on the date first above written.,

\_\_\_\_\_  
Signature of Grantor

\_\_\_\_\_  
Title

Attest:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Seal

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Title

Attest:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Seal



SCHEDULE "A"

- |    |                                                                                                                                                                        |                            |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1) | MORECO Energy, Inc.<br>Motor Refining Company, Division of<br>7601 W. 47th Street<br>McCook, Illinois 60525<br>Federal ID #ILD000646786<br>Closure Cost Estimate -     | \$200,000                  |
| 2) | MORECO Energy, Inc.<br>Pierce Waste Oil, Division of<br>1925 East Madison Street<br>Springfield, Illinois 62703<br>Federal ID #ILD041538687<br>Closure Cost Estimate - |                            |
|    | TOTAL                                                                                                                                                                  | <u>34,327</u><br>\$234,327 |

State of \_\_\_\_\_

County of \_\_\_\_\_

On this (date), before me personally came (owner or operator) to me known, who, being by me duly sworn, did depose and say that she/he resides at (address), that she/he is (title) of (corporation), the corporation described in and which executed the above instrument; that she/he knows the seal of said corporation; that the seal affixed to such instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that she/he signed her/his name thereto by like order.

\_\_\_\_\_  
(Signature of Notary Public)



COPY 2-2-84 883.

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
**GENERATOR ANNUAL HAZARDOUS WASTE REPORT**

This report is for the calendar year ending December 31, 1982.

**GENERAL INSTRUCTIONS**

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.  
The information requested in this report is required by Federal and State law.

Please print/type with elite type (12 characters per inch)

I. GENERATOR'S USEPA I.D. NUMBER

ILD 000646786

I.A. GENERATOR'S ILLINOIS I.D. NUMBER

0311740006 G

II. NAME OF INSTALLATION

Motor Oils Refining Co.

III. INSTALLATION MAILING ADDRESS

7601 W. 47th ST.

Street or P.O. Box

McCook

City or Town

IL 60525

State Zip Code

IV. LOCATION OF INSTALLATION (if different than section III above)

Same as above

Street or Route number

City or Town

State Zip Code

V. INSTALLATION CONTACT

McEwan Brian

Name (last and first)

(312) 442-6166

Phone No. (area code & no.)

RECEIVED

OCT 11 1983

E.P.A. - D.L.P.C.  
STATE OF ILLINOIS

This Agency is authorized to require this information under Illinois Revised Statutes, 1981, Chapter III-1/2, Sections 1004 and 1021 (f)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center

**VII. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Kenneth L. Fredette Vice President-Finance

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

This report is for the calendar year ending December 31, 1982.

VII. GENERATOR'S USEPA I.D. NO. \_\_\_\_\_ VIII. GENERATOR'S ILLINOIS EPA I.D. NO. \_\_\_\_\_ IX. FACILITY'S USEPA I.D. NO. \_\_\_\_\_

ILDO10284248  
41 52

Phone: (312) 891-1500

IL 60409  
State Zip

E.P.A. - D.L.P.C.  
STATE OF ILLINOIS

0	0	2
15		17



# GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

This report is for the calendar year ending December 31, 1982

FOR AGENCY USE ONLY														
FOR AGENCY USE	L	P	H	W	C	CARD TYPE	6	0	TRANS CODE	A	DATE ENTERED			
	1				5		6	7		8		9		14

VIII GENERATOR'S ILLINOIS EPA I.D. NO

0 3 1 1 7 4 0 0 0 6 G  
30 40

XI. GENERATOR'S NAME / ADDRESS

Phone (312) 442-6166

McCook  
City

IL 60525  
State Zip

XIV. LIST OF TRANSPORTATION SERVICES (HAULERS) USED:

[illegible]

PAGE NUMBER

$$\begin{array}{r} 101013 \\ \hline 15 \quad 17 \end{array}$$